FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034516 (0)

ST. LUCIE CLEANING ENTERPRISES, INC.

FILED Mar 06 1997 8:00am Secretary of State

1 (BEIIAN) 11/10	i # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aile i (iile)	

Principal Place of Business Mailing Address									
1272 SOUTHWEST AMBOY PORT SAINT LUCIE FL 34953		1272 SOUTHWEST AMBOY PORT SAINT LUCIE FL 34953-5346							
						3. Date Incorporated or Qualified 04/19/1996	3a. Date	of Last F	Report
2. Principa: P	flace of Business	2a. Mailing Address			***************************************	4. FEI Number 65 - 0660425			pplied For
21	a a a a a a a a a a a a a a a a a a a	26				65-0660763			lot Applicable
Suite, Apt. #. of c. 22		1.00	Suite Apt. #, etc.			5. Certificate of Status Desired Fee Rec			
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00) May Be
23		28				Trust Fund Contribution			to Fees
7(p 24	Country 25	Ζιρ [29]	Countr 30	У		This corporation has liability for the Florida Statutes	ntangible ta Yes 🏻	ix under : No	s. 199 032,
531	9. Name and Address of Curre					10. Name and Address of New Re	gistered Aç	jent	
	RILAWYER CHARTERED		81	ı N	tame				
343 ALMERIA AVENUE CORAL GABLES FL 33134		82	2 S	treet Addr	et Address (P.O. Box Number is Not Acceptable)				
			83	3					
			84	4 C	City		FL	85 Zip	Code
and the same	I Company of the	Of and CO7 1609 Florida Ptal	tutos the cho	<u></u>	amad sare	poration submits this statement for the p		hanaina	ite ragistarao
S:GNATURE		Conditted application (N	IOTE Registered Ap	gent si	grialure requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND [DIRECTO	RS IN 12
10: F	PSTD	DELETE	11 THLE					Change	Addition
NAME	MITCHELL, RODNEY A		1.2 NAME		,				
SHALAD MISS	1272 SOUTHWEST AMBOY PORT SAINT LUCIE FL 34953		1.3 STREE						
CATY-SC ZIF TRUE	FURI SAINI LUCIE PE 34855	DELETE	1.4 CITY - 2.1 TITLE		P .			Change	Additio
NAM'E			2.2 NAME				-		•
SHOLLAD INCOME			2.3 STREE	E1 ADE	DRESS				
CBY-51_7F			2. 4 CITY		<u>4P</u>			-	
10116		[] DELETE	3.1 TITLE				Ĺ	Change	Addition
Mame Strap LADORESN			3 2 NAMS 3 3 STREE		DRESS				
CITY ST 200			3.4. CITY						
THILE.		DELETE	4.1 TITLE					Change	Additio
NAMI			4 2 NAM						
STREET AUGRESS			4 3 STREE		ì				
06Y_\$[_7.5 bfsE		DELETE	44 CITY - 51 TIFLE		ir .	A.A		Change	Additio
NAM.			5.2 NAME						
STREET ALTERES			53 STREE	ET ADO	DRESS				
CHY-ST 74°			5.4 CITY-		P			-	7.100
1 ,€		DELETE	6 1 TITLE				L	Change	Addition
NAVI CONCLUANCE LOS	:		G 2 NAME		rinese.				
STREET ADOPTES			63 STREI 64 CITY						
C(1) - \$1 / 2(f)	1,	.,.,.	040111	- 91-7	<u>" </u>				

14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicanct on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DIR adrey A. Mitchell

2-4-57

61-336-5597